

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003145

AMENDED

Registration District No.

278\*

Primary Registration District No.

3054

Registrar's No.

24.

STATE FILE NUMBER

FILED FEB 14 1962

## 1. PLACE OF DEATH

a. COUNTY

PIKE

b. CITY (If outside corporate limits, give TOWNSHIP only)

LOUISIANA

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

PIKE

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

PIKE Co HOSPITAL

Inside Limits

Yes ☒ No ☐

c. CITY

BOWLING GREEN

d. STREET ADDRESS

RFD # 2.

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

ZOLA CHARLES SUTTON

4. DATE OF DEATH

Month

Day

Year

FEB 4 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-28-07

## 9. AGE (last birthday)

54.

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired)

MILLWRIGHT

## 10b. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

## 11. BIRTHPLACE (City and state or country)

MOZIER ILL

## 12. CITIZEN OF WHAT COUNTRY

USA.

## 13a. FATHER'S NAME

CHARLES E. SUTTON

## 13b. MOTHER'S MAIDEN NAME

ESTER BOUYEA

## 14. NAME OF HUSBAND OR WIFE

PEARL SUTTON.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## INFORMANT

## Address

PEARL SUTTON BOWLING GREEN MO

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Ventricular Fibrillation

## INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arteriosclerotic coronary disease 2K.

and old Multiple Infarcts Stated

Unknown

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☒ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from July 23, 1959, to Feb 4 1962 and last saw him alive on Feb 2 / 1962

Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

David L. Bulger DO

218 N 5th Louisiana Mo Feb 5/62

## 23a. BURIAL, CREMATION, REINTERMENT (Specify)

BURIAL

## 23b. DATE

2-7-62

## 23c. NAME OF CEMETERY OR CREMATORY

GREENWOOD

## 23d. LOCATION (City, town, or county)

CLARKSVILLE, MO

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

FEB 7-1962

## 26. REGISTRAR'S SIGNATURE

Blanche Bulger

(Licensee's Statement on Reverse Side)

JUL 19 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Geo M Collier

Licensed Embalmer No. 3839

P. O. Address Lawrence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.